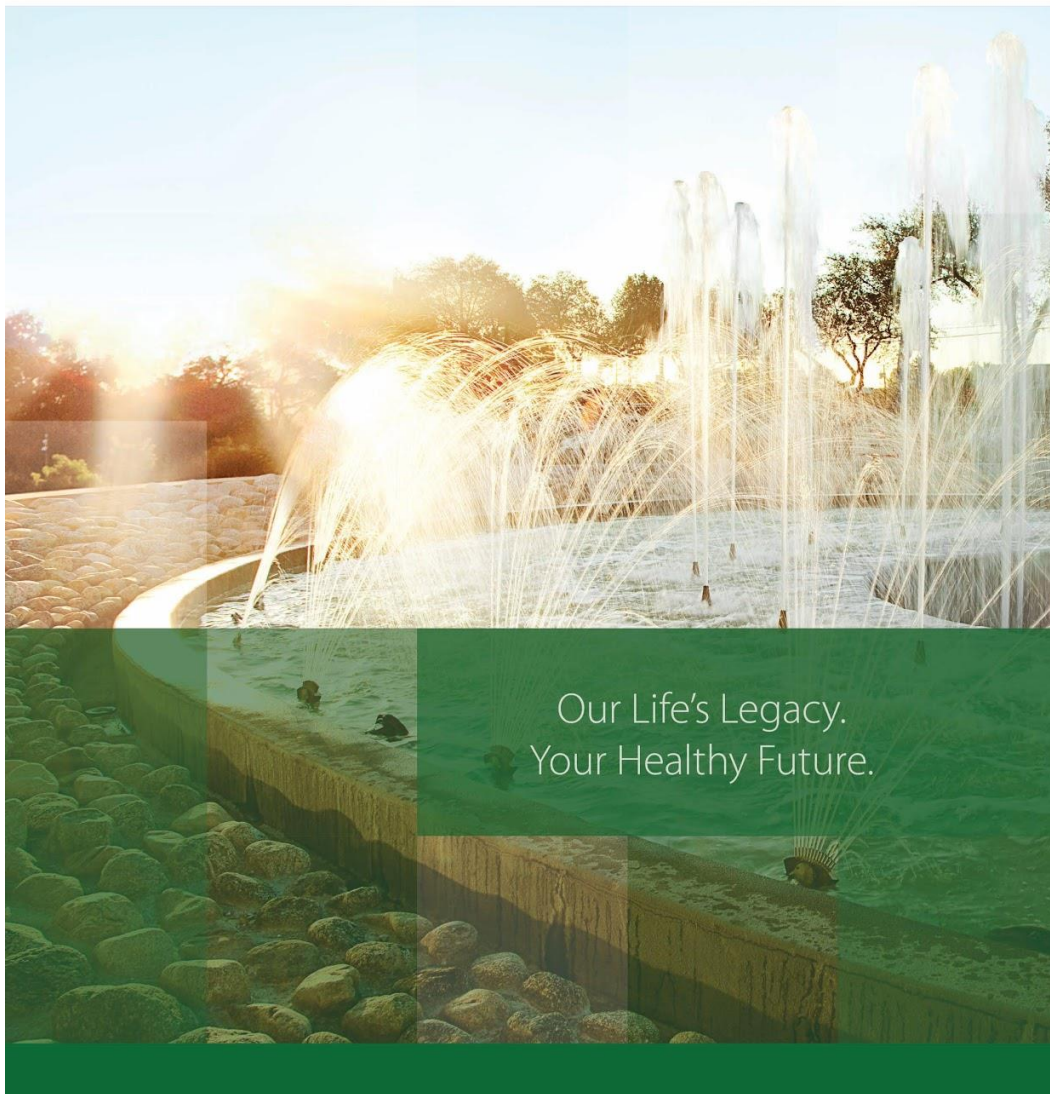




SAN ANTONIO REGIONAL HOSPITAL



Community Benefit Program

Highlights, Inventory, and Economic Valuation 2016

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History and Organizational Structure

About San Antonio Regional Hospital

San Antonio Regional Hospital was founded by Dr. William Howard Craig in 1907 to meet the healthcare needs of local residents. As the community surrounding the hospital grew, it became apparent that larger, more modern facilities were needed. Community leaders rallied together to raise the needed capital and the hospital moved to its current location on San Bernardino Road in 1924. Through community support, the hospital grew – from its modest beginning with 18 beds, 5 physicians, and limited staff – to a 373-bed regional medical facility with over 2,000 employees and a medical staff of more than 500 physicians.

The hospital's main campus in Upland has opened its largest expansion within its 110-year history. The 179,000 square foot addition, which includes a new 52-bed emergency department and 92-bed patient tower, officially opened to the public on January 6, 2017. The project incorporates the latest healthcare architectural design and advanced technological features with the goal of meeting the needs of the growing population in the west end of California's Inland Empire.

In addition to the main campus, the hospital has satellite locations in Rancho Cucamonga, Fontana, and Eastvale. These facilities provide outpatient care in a close, convenient setting for the region's growing population.

Leadership

San Antonio Regional Hospital is governed by a 15-member Board of Trustees. The hospital's medical staff, President-Elect, President, and Immediate Past President are members of the board by virtue of their offices. At least two additional physicians are elected from the medical staff, and the remaining members are elected from the community at-large. The Board of Trustees, with physician leaders comprising a significant portion of its membership, sets the direction for the hospital and its' Community Benefits Program.

The Executive Management Group directs the hospital's strategic planning process and allocates resources for community benefit activities. The Executive Management Group is comprised of the Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Senior Vice President of Administrative Services and Compliance, Vice President of Strategic Development, Vice President of Human Resources, Vice President of Business Development and Community Outreach, and President of the Hospital Foundation.

Department directors are responsible for the operation and management of individual departments. The directors encourage employee participation in community benefit activities, and it is this support that ensures the ultimate success of the hospital's Community Benefits Program as delineated in its triennial Implementation Strategy and Plan.

Mission Statement and Commitment to the Community

Our Commitment

The leadership at San Antonio Regional Hospital has an unwavering commitment to the hospital's mission, vision, values, and strategic plan, which focus on improving the region's overall health by providing quality patient care in a compassionate and caring environment.

Mission

Our mission is to improve the overall health and well-being of the people we serve.

Vision

Our vision is to be the leader in creating healthy futures through excellence and compassion.

Values

Safety

We make safety our highest priority for our patients, employees, physicians, and visitors.

Integrity

We do the right thing - ethically, legally, and morally.

Excellence

We hold ourselves to the highest standards of quality.

Compassion

We treat everyone with dignity and respect.

Accountability

We are accountable for our results and actions.

San Antonio Regional Hospital's Community Benefits

Caring for Our Community

Community benefits are more than just numbers. They represent people—parents, children, grandparents, and those who may be both disadvantaged and disenfranchised. This report highlights how San Antonio Regional Hospital goes above and beyond the delivery of essential patient care services to ensure healthier children, early detection of disease, and enhanced access to basic healthcare services. It captures the essence of our purpose: to improve health and make the community a better place to live, work, grow, and play.

As a regional healthcare provider, San Antonio Regional Hospital (San Antonio) is committed to maintaining the highest quality of care for those we serve. As a nonprofit hospital, all of our resources are devoted to providing healthcare services. Any surpluses generated from hospital operations are used to purchase new or upgraded equipment, expand services, and provide care for vulnerable populations.

While the Inland Empire is a maturing economic market, as a whole, many individuals and families are at significant risk during a medical crisis. Often this is due to an inability to access health insurance or the result of inadequate insurance coverage. The hospital's charity care policy provides relief to these families who would otherwise face medical bankruptcy. During 2016, \$2,742,248 in charity care was provided for patients entering the hospital's emergency department who were either treated and released or required an inpatient stay. The hospital absorbed \$14,558,80 in unreimbursed costs incurred in providing and care and treatment for Medi-Cal patients, while other uncompensated costs (bad debts) totaled \$4,012,838 in actual costs incurred by the hospital to treat these patients. In addition to direct medical care, San Antonio Regional Hospital reaches out to its community in a variety of ways that go well beyond the traditional care provided by an acute care hospital. An inventory of these programs and activities is provided later in this report.

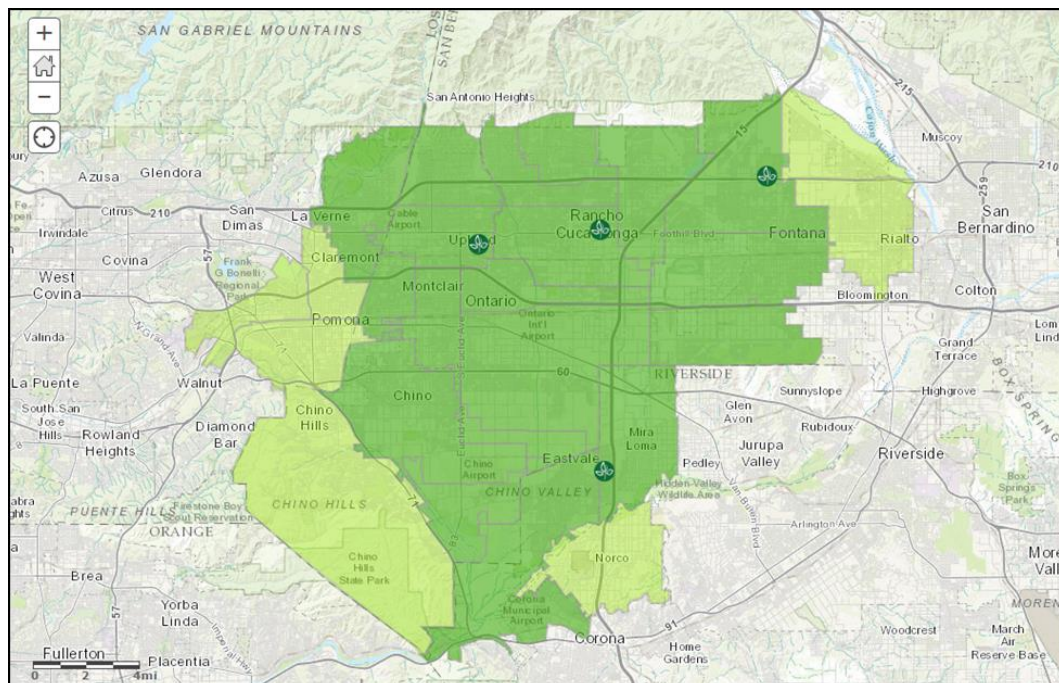
As in most communities, the needs are great and the resources limited. The hospital understands the power of collaboration and seeks alliances with other health and social service providers to develop community-based programs with defined goals and measurable outcomes. These partnerships help to leverage the community's scarce resources to achieve the maximum benefit for its residents, which results in demonstrated improvement in their health.

Community Profile

A community is seen as having both physical and geographic components, as well as socioeconomic and psychosocial factors that define a sense of community. Individuals can thus be part of multiple communities - geographic, virtual, and social. The current focus on community-based participatory research in public health has prompted an evaluation of what constitutes a community. In this report we defined a community as the geographic area served by San Antonio Regional Hospital and the populations it serves.

San Antonio Regional Hospital resides in the City of Upland, located in the “West End” of San Bernardino County. However, like many hospitals, San Antonio’s “service area” is defined as the geographic area from which it receives the majority of its hospital admissions. The total service area is divided into “primary” and “secondary” areas, with the primary service area accounting for approximately 80% of the hospital’s admissions and the majority of San Antonio’s planning efforts. As illustrated on the map below, San Antonio’s primary service area, denoted in dark green, is comprised of the cities of Chino, Claremont, Montclair, Eastvale, Fontana, Ontario, Rancho Cucamonga, and Upland. San Antonio’s secondary service area, shaded in light green, extends to Pomona on the west, Chino Hills to the southwest, Corona and Norco on the southeast, and Rialto at the eastern edge of the service area.

San Antonio Regional Hospital Service Area Map



Community Health Needs Assessment (CHNA) Overview

CHNA Requirements

The Patient Protection and Affordable Care Act (ACA) of March 23, 2010 included new requirements for nonprofit hospitals to maintain their tax exempt status. The final regulations and guidance on these requirements, which are contained in section 501(r) of the Internal Revenue Code, were published in Internal Revenue Bulletin 2015-5 on February 2, 2015. Included in the new regulations is a requirement that all nonprofit hospitals conduct a community health needs assessment (CHNA) and develop an implementation strategy to address those needs every three years. In addition, Schedule H was added to nonprofit hospitals' Form 990 annual tax filing submitted to the Internal Revenue Service.

The State of California, through its Office of Statewide Health Planning and Development, implemented the requirements for a community health needs assessment (CHNA), the development of a community benefit plan, and the reporting structure for nonprofit hospitals' community benefit programs as legislated through Senate Bill 697. San Antonio Regional Hospital has conducted a CHNA and developed a Community Benefit Implementation Plan every three years since SB697 became effective in 1995. The CHNA conducted in 2013 informed the hospital's implementation plan for 2014 – 2016. The report that follows presents the inventory and valuation for 2016, and also highlights some of the targeted efforts that have been initiated through the Implementation Plan.

2016 Inland Empire Regional CHNA

The Hospital Association of Southern California (HASC) works with hospitals to advance quality healthcare delivery and supports hospital community benefit planning through an Inland Area Community Benefit Stakeholder Committee representing the major hospitals in Riverside and San Bernardino Counties. In preparation for the 2016 CHNA cycle, HASC led an effort among member hospitals to conduct an Inland Empire Regional CHNA. The HASC Community Benefit Committee worked collaborative to design the overall CHNA strategy and the coordination of primary and secondary data collection in collaboration with the Departments of Public Health in both Inland Empire counties. The hospitals that participated in the regional CHNA included:

- Loma Linda University Behavioral Medicine Center
- Loma Linda University Medical Center
- Loma Linda University Medical Center – Murrieta
- Loma Linda Medical Center Children's Hospital
- Montclair Hospital Medical Center
- Parkview Community Hospital Medical Center

- Redlands Community Hospital
- Ridgecrest Regional Hospital
- San Antonio Regional Hospital
- San Bernardino Mountains Community Hospital
- San Geronio Memorial Hospital

The collaborative effort of HASC and these hospitals resulted in the first regional CHNA among a large group of geographically diverse hospitals in the Inland Counties Region of Southern California. Given the rapid growth of the Inland Empire, the higher rates of poverty, significant health needs, and inadequate primary care infrastructure, this collaboration not only supports the completion of the required reporting, but fosters the opportunity for more unified and strategic thinking to address population needs in the region. The CHNA is just the beginning of a collaborative effort to support the health of our region collectively.

San Antonio and each of the participating hospitals is responsible for developing its own implementation strategy and plan using the data from the CHNA. However, the goal of the HASC Community Benefits Committee is to identify areas that the region will work on collectively, including partners outside of the healthcare system.

The Health Needs Reviewed for the Two-County Region

The regional CHNA was built on the community health improvement process initiated by the San Bernardino County Department of Public Health, Community Vital Signs. As healthcare continues to evolve and systems of care become more complex, the CHNA process is increasingly becoming a key component to the collective efforts of communities in addressing their most pressing health needs. The CHNA viewed health with a collective lens and included not only health outcomes and clinical care components but social determinants and health indicators from the built environment.

The process for determining community health needs requires collecting reliable public health data or metrics to measure against a benchmark (i.e. state averages) and engaging the community to solicit their input on the needs they perceive to be the most pressing in their community. The CHNA process also requires that the community participate in prioritizing health needs and that a hospital identify potential resources available to address those needs. The criteria and process used for prioritizing the health needs is not defined by the IRS, but considerations typically include factors such as the severity of the health need, the number of community members impacted, or the presence of health inequities among segments of the community.

The regional CHNA incorporated three distinct data methodologies that, when interpreted together, provide a deeply rich picture of the health landscape of the communities. The

assessment consists of a plethora of health indicators (hospitalizations, social determinants of health, maternal and child health, mortality and morbidity) gathered from multiple primary and secondary sources. This quantitative data illustrates the current snapshot of health statistics in the communities that the member hospitals serve and also how they compare across geographical boundaries. The quantitative data was stratified by common public health groupings and service areas allowing a targeted identification of unique challenges and opportunities surrounding health status, quality of life, and risk factors in the region and in each hospital's individual service area.

The full assessment provides a detailed review of health in the Inland Empire with clear similarities and variability across the two counties and hospital service areas. Several health indicators stand out as desirable and others indicate an opportunity for additional study and outreach. The top chronic health conditions identified through data compilation include (in alphabetical order):

- *Asthma*
- *Chronic obstructive pulmonary disease*
- *Diabetes*
- *Mental illness*
- *Obesity*
- *Substance abuse*

Voices from the Community

A community health quality of life survey was administered to obtain community input regarding the strengths and areas of opportunity that exist in each community. The survey was available in English and Spanish and was disseminated through a variety of channels across hospital service areas. A total of 541 individuals completed the QOL survey. Of those who completed the survey, 50% were between the ages of 40-65, 12.6% were seniors who were 65 years or older, 30% had an annual household income of \$25,000 or less, and 60% were Hispanic. Qualitative data was also garnered through the use of eight community member, health expert, and key stakeholder focus groups. The focus groups were conducted in both English and Spanish to reveal thoughts and perceptions, and to augment the quantitative data collected in the assessment process. The focus groups allowed a deep understanding of the issues respondents believe are important. The assessment displays data at the county level and when available several health indicators are provided for each hospital's service area.

The quality of life surveys and focus groups were tailored to assess the direct and indirect needs of the communities throughout the Inland Empire. The information shared gave insight into some of the concerns individuals had for their community. Community concerns

ranged from the quality of the education system, access to mental health services, pollution, economy, homelessness, climate change, and the overabundance of fast food restaurants.

The top health challenges identified for the communities involved in the regional CHNA are:

Health Outcomes	Social Determinants	Clinical Care	Built Environment
<ul style="list-style-type: none"> • Diabetes (Higher rates among Hispanics) • Behavioral Health • Heart disease and stroke • Chronic Obstructive Pulmonary Disease • Cancer <ul style="list-style-type: none"> ○ Colorectal ○ Lung • Obesity 	<ul style="list-style-type: none"> • High Rates of Poverty • Lower median incomes • Lower Educational Attainment 	<ul style="list-style-type: none"> • Shortage of primary care physicians • Lack of or failure to access preventive screenings for cancer • Inadequate prenatal care 	<ul style="list-style-type: none"> • Affordable housing shortages • Lack of access to healthy foods

2017 – 2019 Community Benefit Implementation Strategy

Several common themes emerged through the compilation and analysis of the CHNA findings, and the identified health needs were summarized into the following categories:

- Access to Healthcare
- Chronic Disease Management
- Prevention and Wellness
- Healthy Environment
- Behavioral Health

Everyone participating in the CHNA recognized that the causes of community health needs are both complex and challenging to articulate. Equally challenging is the task of addressing these needs in meaningful and impactful ways. With the completion of the CHNA and the prioritization process, the San Antonio team embarked on the next step to develop an array of Community Benefit Programs aimed at addressing the health needs identified in the CHNA. During this process, the team developed goals, objectives, and initiatives to address

the priority health needs that were identified. Using primary and secondary data from the CHNA, the team offered input regarding opportunities to address health issues, identified potential challenges, and provided insight into established activities and programs that currently address the health priorities. The result is captured in San Antonio Regional Hospital's 2017 – 2019 Community Benefit Implementation Strategy and Plan discussed at the conclusion of this report.

Community Benefit Services Summary FY 2016

Community Health Education

Community Lectures

Every month San Antonio Regional Hospital hosts a Community Health Education Lecture. These lectures are open to the public for the purpose of engaging the community and increasing education related to specific health topics. Lectures are led by the hospital's physicians or other clinical staff. Topics have included the following;

- *Joint Health: Knees, Hips, Shoulders*
- *Healthy Cooking Demonstrations*
- *Heart Disease Management*
- *Colorectal Cancer*
- *Stroke Risks and Treatment*
- *Diabetes Management*
- *Prostate Cancer*

Generations Ahead Lectures

In addition to health lectures for the broader community, the hospital hosts lectures for senior community members. These lectures occur monthly and are led by hospital clinical staff. Topics for 2016 included;

- *Joint Health: Knees, Hips, Shoulders*
- *Proper Exercise, Strengthening Bones & Building Muscle*
- *Heart Disease*
- *Seasonal Allergies*
- *Healthy Eating*
- *Blood Pressure*
- *Standard American Diet (SAD)*
- *Arthritis*
- *Physical Therapy for Chronic Disease*

Community Health Programs

Know Your Numbers

In February 2015, San Antonio, in collaboration with Loma Linda University Masters of Public Health students, initiated the Know Your Numbers (KYN) program in Ontario, California. The goal of the program is to reduce chronic disease incidence in impoverished, uninsured, and underinsured populations through screening and education. KYN is a free screening program, which provides blood pressure, body mass index, blood glucose, and blood cholesterol screening among the low-income population living in surrounding communities.

The KYN program is a self-management and health education program designed around the health belief model that assumes health-related actions depend on a participants' belief he/she is susceptible to significant health issues, which improve upon a prescribed health recommendation. Participants consult with a registered nurse (RN) following the screening to learn about their own numbers and the impacts they have on health. Following consultation, participants are paired with a Clinical Community Health Worker (CCHW) and are connected to additional resources through referrals, educational materials, and community programs, which aid in improving health.

The initial screening program included 50 participants, of which 72% were Hispanic, 22% were uninsured, 48% did not have a primary care physician, and 36% had never visited a hospital. Thirty four percent of the participants had high blood pressure and 20% displayed numbers indicative of a hypertensive crisis. Fifty percent of the participants were clinically obese and 34% were overweight as indicated by their BMI metrics. Due to the success of the initial pilot program, KYN was expanded to include several screening locations residing in and around the Healthy Eating and Active Living (HEAL) zone of Ontario.

In 2016, KYN was incorporated into the Healthy Ontario Initiative (HOI), an innovative multi-sectorial collaborative partnership in the City of Ontario funded, in part, by a BUILD Health Challenge Grant provided by: 1) The Advisory Board Company, 2) de Beaumont Foundation, 3) The Colorado Health Foundation, 4) The Kresge Foundation, and 5) Robert Wood Johnson Foundation. The goal of the BUILD funding partners is to foster and expand meaningful partnerships among hospital, community-based organizations, and local public health departments to create Bold, Upstream, Innovative, Local, Data-driven solutions to address the complex problems that influence the health of local residents. HOI's goal is to reduce obesity and its associated health impact on vulnerable populations. San Antonio's KYN program served a key role in engaging the community in understanding health issues and healthcare access and in empowering participants to take an active role in improving health status individually and across the community.

Through the expansion under BUILD, KYN has increased the number of participants from 50 to 345. The retention rate for this program in 2016 was 38.5% with 133 participants who returned for two or more screenings within the last 180 days. Of the 2016 participant population, the following health indicators were improved upon:

- *Body Mass Index (BMI)*: 21% improvement rate among total population
- *Total Cholesterol (TC)*: 17.4% improvement among total population
- *High Density Lipoprotein (HDL)*: 27.2% improvement among total population
- *Triglycerides (TRG)*: 20.6% improvement among total population
- *Low Density Lipoproteins (LDL)*: 15.6% improvement among total population
- *Systolic Blood Pressure (SYS)*: 24.1% improvement among total population
- *Diastolic Blood Pressure (DIA)*: 14.2% improvement among total population
- *Waist Circumference*: 39.1% improvement in total case management population
- *Steps Taken*: 20.3% increase in reporting any number of steps taken among returning participants
- *Readiness to Change*: 73.1% of respondents indicated a significant (score of 4 or greater) willingness to make lifestyle improvements

Healthy Communities Institute (HCI)

The Lewis-San Antonio Healthy Communities Institute (HCI) was established in April 2016 to identify opportunities, solutions, and partners to positively impact the health of our region. One of these opportunities is supporting youth interested in health careers by promoting higher education programs, engaging students through a health and wellness curriculum, and providing connections to role models/mentors majoring in health disciplines from colleges and universities in the region. The Healthy Communities Institute partnered with the Upland Unified School District and worked directly with Upland High School's HOPE (Health Occupations Preparation Education) Academy. The goal is to support students in their health career journey by creating opportunities for volunteering and internships, while encouraging local students to remain in the region. HOPE Academy students received instruction on the Healthy Eating Lifestyle Program (HELP) program from San Antonio Regional Hospital staff and Randall Lewis Health Policy Fellows. The Fellows are affiliated with universities from across the region, and HCI utilizes Fellows from various health disciplines as instructors for the high school students. The Fellows were not only instructors, but role models as students looked to them for questions on college life, majors, and career planning.

Once the high school students complete their health and wellness program, they will have the opportunity to teach the HELP curriculum to middle school students, while providing peer to peer training and building presentation skills. HCI also introduced the Know Your Numbers program to the high school students and interested parents. The goal is to

promote a better understanding of personal health and to help establish lifelong healthy habits, while supporting an interest in healthcare careers in the region.

In 2016, the Healthy Communities Institute interns trained 160 Upland High School students in HELP. They supervised biometric screenings, collected data, and provided evaluation. The success of this program has ignited interest from surrounding school districts including the Ontario-Montclair School District and Chaffey Joint Union High School District. Plans are now underway to introduce the program into other school districts throughout the Inland Empire.

Healthy Eating Lifestyle Program (HELP)

Since 2012, San Antonio Regional Hospital has supported the Healthy Eating Lifestyle Program within the Upland Unified School District. This program is geared toward school-age children and their parents. The purpose of the program is to encourage healthy lifestyle practices and to increase health knowledge. Educational topics have included the following:

- *Breakfast, Beverages, and Being Active: Importance of a Healthy Breakfast*
- *Picking Healthy Drinks and Different Ways to be Active*
- *Understanding Food Labels: How to Read a Food Label and Stay Active as a Family*
- *Special Occasions and Eating Out: How to Create a Plan to Succeed When Eating Out*
- *Creating a Healthy Meal: How to create healthy meals with different ingredients*
- *How to Manage Difficult Situations to Remain Healthy and Active*

Community Health Improvement Program (CHIP)

The continued escalation of patients with chronic conditions is a principle reason San Antonio developed and implemented the Community Health Improvement Program (CHIP) in January 2015. The Centers for Disease Control has reported that as a nation, 86% of our healthcare dollars are expended in treating chronic diseases. These persistent conditions leave in their wake burgeoning health care costs. To deal with the burgeoning costs, new structures, such as the formation of “medical homes” and “accountable care organizations” (ACOs), have emerged in the belief that they will improve healthcare quality and slow the growth of healthcare spending in America.

The Community Health Improvement Program is one of the initiatives San Antonio Regional Hospital developed to: 1) diminish healthcare gaps, 2) promote the delivery of evidence-based care, and 3) reduce unnecessary emergency room visits and hospitalizations. Coordinated by a dedicated interdisciplinary healthcare team employing a series of individualized continuous care algorithms, this program focuses on appropriate patient

identification, prevention, evidence-based disease management, and exemplary treatment of individuals with chronic conditions.

Each participating CHIP member is closely monitored in accordance with an individualized Comprehensive Health Profile (CHP), Quality Care Plan (QCP), and longitudinal patient scorecard. A novel stratification scale that assesses socioeconomic status, education/assimilation capacity, mental health history, adherence potential, psychological stress factors, and support is utilized along with data mining and standardized clinical assessments to individualize evidence-based clinical strategies based upon each person's respective needs and capabilities.

A unique aspect of CHIP is the training and utilization of student health coaches. In addition to the CHIP interdisciplinary clinical team, members are monitored by health coaches trained through an innovative credit based collaborative educational seminar and internship program with California State University San Bernardino (Schools of Public Health, Nursing, Biology, and Kinesiology), Western University of Health Sciences, College of Graduate Nursing, and Cal Poly Pomona. After appropriate screening, selected students participate in a seminar taught by our interdisciplinary team of healthcare professionals including physicians, nurses, nutritionists, social workers, and hospital administrators. The work of the student health coaches is overseen by licensed professionals (RN and MD) as needed and their scope of activities are consistent with their competence and the training and demonstrated skills provided through the program.

Once trained, Student Health Coaches are assigned to provide in-home visits and phone interactions. Students engage in the process of educating and motivating at-risk members to take an active and meaningful role in their health and well-being. The primary objectives of the health coach are to foster meaningful interactions for boosting cooperation and adherence, while helping to resolve non-medical issues (social determinants of health) that impede effective risk factor management and patient care.

In 2016, CHIP successfully recruited 50 student health coaches, adding to the 31 trained in 2015. CHIP enrolled 59 patients in 2016 raising the total number cared for by these health coaches to 110 patients.

Financial Summary of Community Benefits

Inventory

The Hospital's community benefit inventory was completed using software developed by the Catholic Hospital Association and VHA, Inc. in partnership with Lyon Software. The

Community Benefit Inventory for Social Accountability (CBISA) software allowed San Antonio's activities to be summarized into the broad categories outlined in Senate Bill 697.

San Antonio Regional Hospital's primary responsibility is to provide healthcare services; however, its mission does not end there. Every effort is made to reach out into the community with additional services and programs in response to the community's needs. A summary and valuation of the 2016 program follows, along with an accounting of the financial losses sustained in providing medical care to uninsured and underinsured patients.

Valuation

The following table summarizes the 2016 valuation, delineated by major category.

2016 Community Benefit Valuation		
Category	Activity	Benefit
Medical Care		
	Charity Care	2,830,373
	Medi-Cal Shortfall	16,630,242
	Physician Fees for Indigent Care	188,899
	EMS Base Station	543,741
	Immunizations	10,201
	Total Medical Care	20,203,456
Medical Education		
	Chaffey College Nursing/Radiology Training	147,000
	Loma Linda MBA/MPH Internship Program	16,500
	Total Medical Education	163,500
Vulnerable Populations		
	Community Agency Support	
	American Cancer Society	11,026
	American Heart Association Go Red Luncheon	10,000
	American Heart Association Lifestyle Change Award	125
	American Lung Association of California	5,000
	Etiwanda School District MAA	129
	Meals on Wheels	38,691
	Relay for Life Survivorship Luncheon	1,026
	Total Agency Support	65,997
	Health Fairs and Screenings	
	BUILD/Know Your Numbers (KYN) Health Screenings	3,108
	City of Ontario Senior Center Health Fair	325
	City of Upland Senior Center Health Fair	325
	Total Health Fairs and Health Screenings	3,758
	Other Activities	
	Community Health Improvement Program (CHIP)	351,331
	Healthy Beginnings	212,320
	San Antonio Dental Center	5,131
	San Antonio Outreach	2,012
	Total Other Activities	570,794
	Support Groups	
	Breast Cancer Support	1,920
	Diabetes Adult Education Class	(45)
	Diabetes Adult Support	2,174
	Total Support Groups	4,094
	Research	
	BUILD Data Platform	1,000

	Total Research	1,000
	Transportation Vouchers	
	OmniTrans	2,166
	Taxi	3,723
	Total Vouchers	5,889
	Total Vulnerable Populations	651,532
Broader Community		
	Health Fairs and Screenings	
	City of La Verne Health Fair	150
	City of Upland Fire Station Health Fair	390
	Eastvale Health and Wellness Symposium	165
	Fontana Days Run First Aid Station	841
	HELP Elementary Program Screenings	1,247
	IEAHU Health Care Symposium	390
	Inland Valley Daily Bulletin Kids Expo	5,000
	Kiwanis Track and Field Day	498
	San Bernardino Superintendent of Schools Health Fair	75
	Vineyard Tower Open House Community Health Fair	178,715
	Westwind Community Health Fair	260
	Total Health Fairs/Screenings	187,731
	Community Education	
	Breastfeeding Class	(134)
	Community Education Calendars	36,372
	Community Health Lectures	46,024
	Community CPR and First Aid Classes	1,434
	Day of Dance	5,065
	Family and Friends Infant/Child CPR	(64)
	Generations Ahead	7,707
	Healthy Beginnings	212,320
	Infant Care Class	694
	Kick/Prenatal Yoga	5,580
	Medical Minutes	57,200
	Men's Health Event	24,849
	Nutrition Counseling	308
	Positive Parenting Class	(89)
	Prepared Childbirth	776
	Prepared Childbirth C-Section Class	(120)
	Prepared Childbirth Crash Course	(436)
	Safe Sitter Education	161
	Sibling Classes	301
	Registered Dietician Support	60,877
	Total Community Education	459,668
	Other Activities	
	Blood Drives	3,982
	Moms Embracing the Moment	271

	Total Other Activities	4,253
	Total Broader Community	651,652
Other Quantifiable Benefits		
	Community Benefits Planning/Operations	43,848
	Health Fair Educational/Promotional Materials	26,704
	BUILD/KYN Educational/Promotional Materials	1,357
	Total Other Quantifiable Benefits	71,909
Community Building		
	Community Agency Support	
	Eastvale Community Foundation	5,000
	HASC Meetings	194
	Healthy Rancho Cucamonga Collaborative (Healthy RC)	744
	Healthy Ontario Collaborative (HEAL)	259
	Healthy Fontana Collaborative	65
	Inland Empire Hispanic Leadership Council	2,500
	Inland Valley Recovery Services	1,500
	National Health Foundation	35,000
	Total Community Agency Support	45,262
	Total Community Building	45,262
TOTAL BENEFIT TO COMMUNITY		\$21,787,311

Community Benefit Implementation Strategy and Plan 2017 - 2019

To complement the 2016 Community Health Needs Assessment (CHNA), a Community Benefit Implementation Plan was created with specific strategies and programs to address identified health needs. The five areas of focus in the 2017-2019 Implementation Plan include; chronic disease management, increasing healthcare access for vulnerable populations, improvement of health through prevention and wellness, improvement of the health environment, and increasing access to behavioral health awareness and education opportunities. The synergy among these five priority areas enabled the hospital to employ the lessons learned through its extensive CHNA to develop a cohesive and effective three-year strategic Community Health Implementation Plan to address the identified health needs.

The Implementation Plan serves as a guiding document for the planning and programming of community benefit activities targeting health issues identified through the CHNA. The plan focuses on community members noted to be most at risk due to existing or impending health conditions, often compounded by one or more social determinants of health, that are likely to result in adverse health outcomes. The implementation plan is closely aligned with San Antonio's strategic plan, mission, and values. During 2016, hospital staff continued to

engage partners and leverage resources to implement the identified strategies and develop measurable outcomes. These strategies included implementation of the Community Health Improvement Program (CHIP), implementation of the Know Your Number's (KYN) community-wide screening program and expansion of the Healthy Eating Lifestyle Program (HELP).

San Antonio is committed to focusing its Community Benefits resources on increasing evidence-based and evidence-informed prevention programs for the community, measuring program impact, and advancing care coordination and service integration. At the conclusion of the three-year Implementation Plan, a comprehensive report will be created to document and share the community health improvement that has been achieved through the strategies contained in the plan. This report will also address lessons learned and recommendations for future planning efforts.

Appendix

Definitions

Charity Care

The hospital makes every effort to collect payment for services rendered from the patient and/or their health insurance plan. However, when the patient is uninsured or underinsured and lacks the financial resources to pay for their medical care, the hospital makes no further attempt to collect on these accounts, writing them off as Charity Care. The hospital provided \$2,830,373 in Charity Care during 2016.

Other Uncompensated Care

Other uncompensated care (bad debts) totaled \$4,141,795 in actual cost incurred by the hospital to treat these patients. Uncompensated care is not included in the hospital's community benefit valuation; however, the costs incurred to treat these patients represent an additional direct benefit to the community.

Contact

Additional information regarding San Antonio Regional Hospital, its history and its future, is available at www.SARH.org. Questions regarding this report or the hospital's community benefit activities should be directed to Cathy Rebman, Vice President, Community Outreach, at (909) 920-4802.